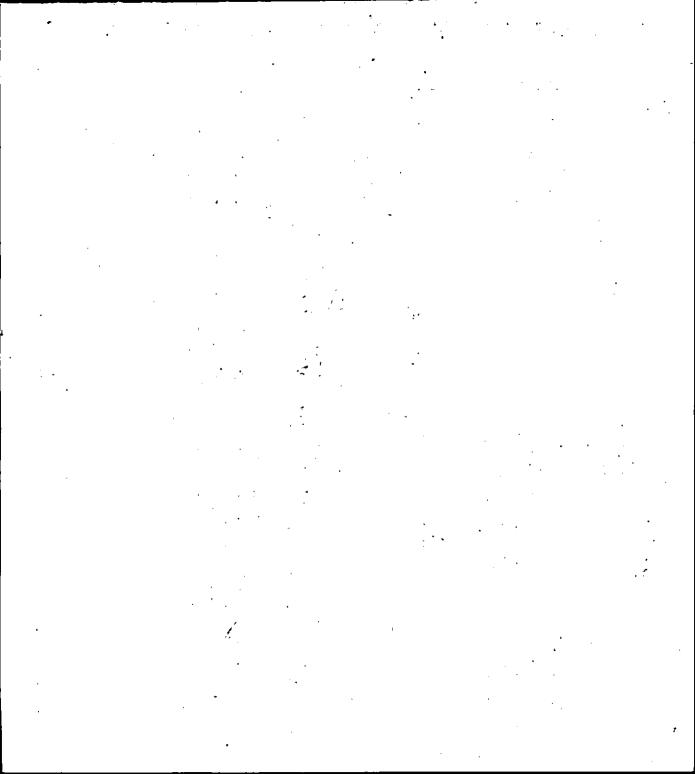
should state 7 important.	BUREAU OF V	BOARD OF HEALTH Do not use this space. VITAL STATISTICS ATE OF DEATH			
iould stat importan	1. PLACE OF DEATH	288 28848			
w #S2	County Registration Distri	Harry !			
CIAN N is ve	Township Audi Quadle Primary Registration				
S ICE	City (No. 74 St. W				
TIO TIO 1 6	2. FULL NAME Dorothy Mell Mason				
Y. PHYSIC CUPATION AUG 16	(a) Residence, No	Ward. (If parrogident glass days and State)			
동등	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident, give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
ild be stated EXACTL Exact statement of OC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
1 EXA	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) Que 2 . 1934			
stated	of while Jugle	22, I HEREBY CERTIFY, That I attended deceased from			
s str	SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	Class 1 st 134, to Clay 2 184			
tould be carefully supplied. AGE should be so that it, may be properly classified. Exact	(OR) WIFE OF	I lasgeaw ha alive on Garage 2 19 Death is said			
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Muly 20-1930	to have occurred on the date stated above, at 1/2.59 m.			
	7. AGE YEARS MONTHS DAS If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:			
	\mathcal{L} - \mathcal{L} or min.	Municipalis 1 mg			
	8. Trade, profession, or particular kind of work done, as spinner,	(Carles spend) 1/2			
	g sawyer, bookkeeper, etc	100			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, otc	18			
	o work was one, as an min, saw mill, bank, etc	·)			
a S	this occupation (month and spent in this occupation	Other contributory causes of importance:			
be care		Infection			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
54 ,	13. NAME, R. 7 Masour	(2)			
Svery item of information store OF DEATH in plain terms,	14. BIRTHPLACE (CITY OR TOWN) Januarille (STATE OR COUNTRY)	Name of operation Date of			
	4 14. BIRTHPLACE (CITY OR TOWN).	What test confirmed diagnosis?			
		23. If death was due to external causes (violence), fill in also the following:			
	15. MAIDEN NAME Wear Robertson 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Accident, suicide, or homicide?			
	0 16. BIRTHPLACE (CITY OR TOWN)	Where did injury occur? (Specify city or town, county, and State)			
	R. T Washer	Specify whether injury occurred in industry, in home, or in public place.			
	17. INFORMANT (ADDRESS) R-2- 1 TOUR LET MUST	Manner of injury			
	18. BURIAL, CREMATION, OR REMOVAL	Nature of injury			
	MACE (Tarresoulle M DATELLE)	24. Was disease or injury in say way related to occupation of deceased?			
Ţ <u>#</u>	19. UNDERTAKER Daldwin Jungral House	If so, specify			
A.H.	(ADDRESS)	(Signed)			
	20. FILED lug/3 194 Mulli or Registrar.	(states) Toleand Mo			
il.		·			



#2 Dunklur DEPARTMENT OF COMMERCE
Sudependence To BUREAU OF THE CENSUS WASHINGTON

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

n Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Who died at Who died at Residence: No. Length of residence in city or town whepe death occurred: Years St. St. Length of residence in city or town whepe death occurred: Years Years Months Days Zesx Color or race Single, married, widowed-or-divorced: Date of birth Age: Years Months Days Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Date deceased last worked at this occupation: Month Work was done, as silk mill, saw mill, bank, otc. Date deceased last worked at this occupation: Month Year Birthplace of father (State or country) Birthplace of father (State or country) Principal cause of death: What test confirmed diagnosis? Was there an autopsy? If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Name of operation Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury	Name:	Dorothy	mean	mara	n.				
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Length of residence in city or town where death occurred: Years	Residence: No.			St.					
Length of residence in city or town whepe death occurred: Years				(If nonres	ident. city	or town)			
town where death occurred: Years	Length of reside	ence in city or		(22 0.00.00		,			
Date of birth Age: Years Months Days	town where death	occurred. Ye	ears 4	Months	Dav	s 12	•		
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